


To: San Mateo Prehospital Care Providers
From: Gregory H. Gilbert, MD, FAAEM 
San Mateo EMS Agency Medical Director
Date: June 7, 2016
Subject: Patient Health Information (PHI), Pediatric CPR, End of Life Option Legislation

Disclosing Patient Health Care Information (PHI) over the Radio or Cell Phone:

EMS is working with the hospitals in San Mateo County to standardize the process of giving PHI over the radio or cell phone. In the meantime, if a hospital asks for PHI over the radio, you may give this information back to the hospital over radio or cell phone. This is not a HIPAA violation as it is in the best interest of the patient and provides continuity of patient care.

High Performance CPR and the Pediatric Patient

High Performance CPR is meant for adult cardiac arrest. Please use your PALS training for our pediatric patients who are defined the same as trauma, less than 15 years of age. This will be added to the policy as well for consistency.

End of Life Option Legislation

A new law that was passed and about to go into effect surrounding Physician Assisted Death or the End of Life Option Act. H&S 443.11(c)(1), says "Within 48 hours prior to the individual self-administering the aid-in-dying drug, the individual shall complete the final attestation form." In the unlikely event a 911 call gets placed, please make base contact with a physician to help decide the best course and plan. More information will be added to the policy for DNR/POLST Policy. A sample attestation form looks something like this:

Sample: FINAL ATTESTATION FOR AN AID-IN-DYING DRUG TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER

I,, am an adult of sound mind and a resident of the State of California.

Sample continued.....on page 2.



Sample continued:

I am suffering from, which my attending physician has determined is in its terminal phase and which has been medically confirmed.

I have been fully informed of my diagnosis and prognosis, the nature of the aid-in-dying drug to be prescribed and potential associated risks, the expected result, and the feasible alternatives or additional treatment options, including comfort care, hospice care, palliative care, and pain control. I have received the aid-in-dying drug and am fully aware that this aid-in-dying drug will end my life in a humane and dignified manner.

INITIAL ONE:

..... I have informed one or more members of my family of my decision and taken their opinions into consideration.

..... I have decided not to inform my family of my decision.

..... I have no family to inform of my decision.

My attending physician has counseled me about the possibility that my death may not be immediately upon the consumption of the drug.

I make this decision to ingest the aid-in-dying drug to end my life in a humane and dignified manner. I understand I still may choose not to ingest the drug and by signing this form I am under no obligation to ingest the drug. I understand I may rescind this request at any time.

Signed:.....

Dated:.....

Time:.....

End of sample.

****Thank you for your time and if you have any questions, please contact your supervisors or me and we will assist you further.****